

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
January 8, 2013 Minutes
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**State of Maine
Board of Licensure in Medicine
137 SHS 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of January 8, 2013**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D., Chairman
Maroulla Gleaton, M.D., Board Secretary
David R. Andrews, M.D.
Louisa Barnhart, M.D.
Cheryl Clukey
David H. Dumont, M.D.
Dana Dyer
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Administrative Assistant
Dan Sprague, Assistant Executive Director
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective James Gioia

I. Call to Order

Dr. Hatfield called the meeting to order at 9:03 a.m.

A. Amendments to Agenda

1. Alexandra M. Craig, M.D. Consent Agreement for Review
2. Alexandria E. Nesbit, PA-C – Consent Agreement Monitoring

B. Scheduled Agenda Items

1. Informal Conference 11:00 A.M. CR 12-114

Executive Session

II. New Complaints

1. Letters of Guidance

- a. CR12-88 Scott M. Davis, M.D.

Dr. Dumont moved to approve the letter of guidance to Scott M. Davis, M.D. as written. Dr. Jones seconded the motion, which passed unanimously.

- b. CR12-150 Janice M. Wnek, M.D.

Mr. Dyer moved to approve the letter of guidance to Janice M. Wnek, M.D. as written. Dr. Dumont seconded the motion, which passed unanimously.

2. CR12-146

Dr. Andrews moved to dismiss CR12-146. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Barnhart recused.

The complainant alleges failure of the doctor to diagnose his medical condition properly, with a resultant delay in treatment of a serious condition. The doctor responds that appropriate care was rendered, although he was restricted in testing and referrals by the patient's choices and limited financial resources. Records reviewed were clear and well written, reflecting appropriate care. The presenting symptoms were nonspecific, and the physician was diligent in seeking consultations from other specialists. When the diagnosis was made, the patient declined recommended treatment for 9 months. In light of the limitations imposed by the patient's choices of care and the lack of specific early presenting signs of his condition, there is insufficient evidence to support the allegations.

3. CR12-190

Dr. Dumont moved to dismiss CR12-190. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

This case involves a complaint by a patient who alleges he called his specialist with an urgent problem, was told by office staff that the specialist would meet him in the Emergency Department (ED), but that this did not occur. The patient also complains he was forced to wait 5 hours in the ED but was not seen by the specialist and did not receive a follow-up phone call. The physician states that it is standard office practice for patients with urgent problems to be referred to the ED. He acknowledges that even though he was on service and doing procedures at the hospital he would not have seen the patient unless it was requested by the ED physician and only if it was for a problem related to his specialty. The patient was found to have an unrelated problem and a referral was made to a different specialist. The physician did discuss this with the ED doctor when the work-up was complete and claims he asked that the patient to contact his office if there were any other concerns. This did not occur.

Communication between the patient, the physician, and the office staff may not have been ideal but the care was appropriate and reasonable.

4. CR12-231

Dr. Jones moved to dismiss CR12-231. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

In this case, the patient complains the physician was responsible for the reduction and ultimate discontinuation of his narcotic medication. The physician, a pain medicine specialist, recommended a transition from a short acting narcotic to a longer acting medication. The patient threatened the physician with a report to the Board if his current narcotic medication was not continued. The recommended care was appropriate.

5. CR12-191

Dr. Jones moved to dismiss CR12-191. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

In this case, the patient complains the physician inappropriately reduced and ultimately discontinued his narcotic medication. The physician responds that when he assumed the patient's care, the narcotic medication dosage was already being decreased. He attempted to transition the patient from short acting narcotics to longer acting narcotic medication and non-narcotic alternatives; however, the patient resisted this change. This approach was also endorsed by a pain medicine specialist. Due to the patient's repeated overuse of his prescription, the physician eventually determined that narcotics were no longer an appropriate treatment option. A review of the medical record reveals appropriate care.

6. CR12-207

Dr. Gleaton moved to dismiss CR12-207. Dr. Jones seconded the motion, which passed unanimously.

The patient complains that the physician did not supply his medical records as requested by Correctional Medical Services. The physician explains that CMS requested medical clearance for a specific procedure, not medical records. The physician states that he could not provide such clearance without examining the patient for the suspect conditions specified, and notified CMS to that effect.

7. CR12-93

Dr. Dumont moved to dismiss CR12-93. Dr. Andrews seconded the motion, which passed unanimously.

This complaint involves a patient in an institution who alleges his narcotic pain medications were inappropriately terminated and were replaced with medications that caused severe side effects and did not control his pain. He also alleges that previously established alternative treatments to help his headaches were not allowed. Only limited and confusing records have been provided by the institution but it appears that limiting the use of narcotics was medically appropriate. The physician also explains why he chose the alternative medications and his thinking behind their use. There appears to have been some discrepancy in the limited medical records relating to the use of alternative therapies and again the physician explains his choice of treatment. Eventually an outside specialty consultation was obtained that clarified several of these issues, although it occurred after the physician in question left employment at this institution.

The Board recognizes that the physician was providing care in a difficult practice milieu and had to make difficult decisions regarding care. In this case it appears that these decisions were appropriate.

8. CR12-115

Dr. Andrews moved to dismiss CR12-115. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges the physician made false statements to the health services coordinator of the correctional facility regarding his medical care, and that adequate care of his orthopedic problem was denied. The doctor responds that he did make a mistaken verbal report due to his confusion of two separate patients with similar problems. This misstatement had been recognized and discussed with the health services coordinator, but not with the patient, and the doctor rendered an apology for his misstatement in responding to the complaint. The doctor never saw the complainant personally. Record review shows appropriate care by other providers, given the constraints of the institution. Although there were opportunities for better coordination and communication, these deficiencies did not rise to the level of warranting specific guidance.

9. CR12-104

Dr. Barnhart moved to investigate further CR12-104. Dr. Jones seconded the motion which passed 8-0-0-1 with Dr. Nyberg recused.

10. CR12-162

Ms. Clukey moved to instruct the Assistant Attorney General to offer an amended Consent Agreement in the matter of CR12-162. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

11. CR12-180

Dr. Dumont moved to instruct the Assistant Attorney General to offer a Consent Agreement in the matter of CR12-180 to resolve this complaint under her temporary license, and offer a permanent license under the same Consent Agreement. Dr. Jones seconded the motion, which passed unanimously.

12. CR12-102

Dr. Andrews moved to hold an Informal Conference in the matter of CR12-102. Dr. Nyberg seconded the motion, which passed unanimously.

13. CR12-143

Mr. Dyer moved to dismiss CR12-143. Dr. Dumont seconded the motion, which passed unanimously.

This patient feels the physician did not adequately discuss with her his interpretation of her MRI. Prior to the MRI the medical record discusses the possibility of a rotator cuff tear. After reviewing the MRI the possibility of a non-displaced fracture is discussed with the patient.

This patient feels she was not fully informed of the physician's evaluation of the MRI. The physician states he reviewed the MRI results with the patient face to face. In addition, he states he discussed his plan of treatment and expectations. The patient's medical records demonstrate the physician provided an appropriate standard of care.

14. CR12-165 Nancy Egan, M.D.

Dr. Andrews moved to dismiss CR12-165 with a letter of guidance. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Nyberg recused.

The complainant alleges the physician provided improper treatment of his skin cancer, resulting in the need for additional procedures performed with a different technique by another physician. The respondent physician stated that the surgical treatment provided was appropriate. Record review revealed appropriate treatment of the problem; however, the patient had not been informed of available alternative treatments. When specifically asked by the Board, shortcomings in the informed consent process for this patient were acknowledged, and the physician expressed her intent to improve this process.

The Letter of Guidance will remind the physician of the importance of obtaining informed consent for surgical procedures on all patients in a manner consistent with the Board's published guidelines.

15. CR12-168

Dr. Barnhart moved to investigate further CR12-168. Dr. Jones seconded the motion, which passed unanimously.

16 CR12-169 Samuel S. Scott, M.D.

Dr. Hatfield moved to dismiss CR12-169 with a letter of guidance. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

The complainant feels that the surgeon: 1) did not obtain appropriate informed consent, 2) inappropriately discussed the outcome of the procedure with her while she was still under the effects of anesthesia post-operatively, and 3) gave poor post-operative care both in terms of office communication as well as the post-operative office visit.

The physician admits that he neglected to describe a procedure that could possibly be needed during the surgery when he first obtained the informed consent, and upon realizing this, described this possibility to the complainant just before the surgery. He apologizes for not speaking with the complainant's husband post-operatively, which is his custom, and describes the reason he did not do so in this instance. Finally, he describes the changes made recently at his office to facilitate better communication with patients when they call. These changes were made on the basis of feedback given by his patients, including the complainant. He believes the care given at the post-operative visit was appropriate, and a review of records shows this care to have been appropriate.

A letter of guidance will point out the need to recognize that when any modifications of a previously executed informed consent are necessary, the physician needs to be sure the patient is both comfortable with the changes being made and fully understands the implication(s) of the change. It will also encourage the physician to speak with a family member post-operatively whenever possible; recognizing that a patient may seem alert post-operatively and yet may not recall any conversations held at that time.

17. CR12-176

Dr. Jones moved to dismiss CR12-176. Dr. Dumont seconded the motion, which passed 7-0-0-2 with Dr. Nyberg and Dr. Gleaton recused.

The complaint alleges that this PA prescribed Schedule 2 drugs without Schedule 2 privileges. Review of the PA's response and copies of the prescriptions does not support the complaint.

18. CR12-186

Dr. Dumont moved to dismiss CR12-186. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

This complaint involves a patient who alleges she saw a specialist to have her tonsils removed and that the physician ignored her request. She also alleges ear damage from having debris removed from her ear canal during an exam. Review of the record confirms that the patient was actually referred by her primary care provider for issues with balance and dizziness. Only after several office visits did the patient request tonsillectomy, and the physician did not feel that surgery was indicated. He did offer and arrange a second opinion for this issue. In addition, the physician admits to removing debris from the patient's ear during an exam after the patient had had an ear infection. He was not aware of any injury and the patient did not mention any to him or to other providers in his office during several subsequent visits. Specific communication issues between the patient and the physician cannot be adequately assessed. Care appears to have been appropriate.

19. CR12-193

Mr. Dyer moved to investigate further CR12-193. Dr. Andrews seconded the motion, which passed 8-0-0-1 with Dr. Jones recused.

20. CR12-195

Ms. Clukey moved to dismiss CR12-195. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

The spouse of a patient complains that the physician failed to make a timely referral to a pain specialist. The physician explained the circumstances surrounding the patient encounter, the plan for referral, and his interactions with the patient's spouse. No release for medical records

was provided to the Board with the complaint. The physician's response satisfies the Board that he made a timely referral in this case.

21. CR12-200

Dr. Barnhart moved to dismiss CR12-200. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges she was held involuntarily at a local hospital. Administrative issues have been addressed by DHHS. Appropriate care was provided.

22. Intentionally Left Blank

III. Assessment & Direction

23. AD12-185

Dr. Jones moved to file AD12-185. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Barnhart recused.

24. AD12-241

Dr. Dumont moved to file AD12-241. Dr. Jones seconded the motion, which passed unanimously.

25. AD12-244

Dr. Dumont moved to table for three months. Dr. Gleaton seconded the motion, which passed unanimously.

26. Intentionally Left Blank

27. Complaint Status Report (FYI)

28. Consumer Assistant Feedback (FYI)

29. Physician Feedback (FYI)

IV. Informal Conference 11:00 a.m. CR 12-114 Ratul Raychaudhuri, M.D.

Dr. Andrews moved to dismiss CR 12-114 Ratul Raychaudhuri, M.D. with a letter of guidance. Mr. Dyer seconded the motion, which passed 7-2-0-0.

The complainant alleges his institutional physician provided inadequate treatment of his medical condition, and that the physician refused to provide proper identification. The physician responds that appropriate care was rendered, and that he always complies with institutional

policy regarding identification. Record review showed there was likely some delay in diagnosis. The record clearly reflected deficient medical record documentation by the physician. The physician feels that the nature of the institutional practice made it difficult for him to spend sufficient time to write adequate notes. He acknowledged his record keeping needs to improve and declared his intention to accomplish such improvement.

The letter of guidance will emphasize that adequate medical records are essential to good medical care, and attention to thorough record keeping should be part of all patient care, regardless of the location. Records should include subjective and objective findings along with assessment, differential diagnosis, and plan.

Public Session

V. Minutes of December 11, 2013

Dr. Dumont moved to approve the December 11, 2013 minutes as amended. Ms. Clukey seconded the motion, which passed unanimously.

VI. Board Orders & Consent Agreement Monitoring & Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Monitoring Compliance Report (None)

2. Alexandra M. Craig, M.D. (Consent Agreement Approval) [See Appendix A Attached]

Dr. Dumont moved to approve a Consent Agreement in the matter of Alexandra Craig, M.D. Ms. Clukey seconded the motion, which passed unanimously.

3. Alexandria E. Nesbit, PA-C (Request for extension)

Dr. Nyberg moved to grant Ms. Nesbit's request for a five-day extension of her current workplace monitor. Dr. Gleaton seconded the motion, which passed unanimously.

VII. Adjudicatory Hearing(s) (None)

VIII. Remarks of Chairman

1. Proposed Chapter 2 Physician Assistant Rule Comment

Dr. Jones moved to accept all of the recommended changes based on the public comment received. Dr. Nyberg seconded the motion, which passed unanimously.

2. FSMB Annual Meeting.

IX. Executive Director's Monthly Report

A. Complaint Status Report (FYI)

B. Policy Review – Review Disciplines from Other States

Dr. Nyberg moved to reaffirm the above policy. Dr. Jones seconded the motion, which passed unanimously.

X. Medical Director's Report (None)

XI. Remarks of Assistant Attorney General (None)

XII Secretary's Report

A. List A

1. M.D. List A Licenses for Ratification

Dr. Jones moved to ratify granting licensure to the physicians on List A below. Dr. Andrews seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Arons, Elliot J.	Internal Medicine	Not Listed
Aung, Soe Myint	Psychiatry/Neurology	Telemedicine
Brar, Rajdeep S.	Internal Medicine	Skowhegan
Chin, Steven Suey-Ming	Pathology	Not Listed
Cisneros, Christine M.	Occupational Medicine	Not Listed
Coppola, Michael P	Internal Medicine	Not Listed
Geile, Sandra F.	Internal Medicine	Not Listed
Lopez, Ivan D.	Psychiatry	Not Listed
Pelletier, Scott P.	Emergency Medicine	Cumberland

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify granting licensure to the Physician Assistants on List A (2). Ms. Clukey seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary, Maroulla Gleaton, M.D. without reservations:

NAME	LICENSE	PSP	LOCATION
Anne Hall, P.A.-C	Active	Alan Harmatz, M.D.	Lewiston
Christine Urquhart, P.A.-C	Inactive	None	None
Tammy Webb, P.A.-C	Inactive	None	None
Emily Hinman, P.A.-C	Active	John Chance, M.D.	Portland

B. List B Applications for Individual Consideration

1. Stephen J. Brand, M.D.

The Licensure Committee moved to grant a waiver and approve the application of Stephen J. Brand, M.D. The motion passed unanimously.

2. Mark K. Detweiler, M.D.

The Licensure Committee moved for Dr. Detweiler to undergo an independent 3286 evaluation. If Dr. Detweiler is unwilling to undergo the 3286 the Board will allow him to withdraw his application for licensure. The motion passed unanimously.

3. Christina S. Morris, M.D. (Not discussed in committee)

4. Dali Edwards, M.D.

The Licensure Committee moved to deny Dr. Edwards' application because he does not meet the qualifications for licensure. He will be offered the option to withdraw his application. The motion passed unanimously.

5. Intentionally Left Blank

C. List C Applications for Reinstatement (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Jones moved to approve the physicians on List D (2) below to withdraw their licenses from registration. Dr. Dumont seconded the motion, which passed unanimously.

The following physicians have applied to withdraw their licenses from registration.

NAME	LICENSE NO.
Beatty, James	MD15850
Linderman, James	MD18718
Tam, Paul	MD8871

Zadrowski, Matthew

MD12330

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law (FYI)

The following physician and physician assistant licenses lapsed by operation of law effective December 31, 2012.

<u>NAME</u>	<u>LICENSE NO.</u>
Ahmad, Ijaz	MD7310
Aquino, Suzanne	MD17507
Boulos, Nader	MD18177
Brooks III, William	MD12234
Caldwell, Esly	MD19042
Ellis, William	MD16290
Galpern, David	MD18639
Gardner, Brian	MD8577
Harden, Thomas	MD15258
Hosta, Geoffrey	MD17735
Ikeako, Chinyelu Adaobi	MD18901
Langley, John	MD10506
Larson, C. Henry	MD11508
Levy, Richard	MD5611
Littell, Glenn	MD14000
Martin Jr., Thomas	MD6313
Mediratta, Nibha	MD14840
Thomas Jr., Jerry	MD17977
Vassall, Alford	MD18076
Williams, Cathy	MD17703
Yohai, David	MD16431

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review (None)

H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Applications to Renew Schedule II Authority (None)

2. Applications for New Schedule II Authority

The following new requests for Schedule II prescribing authority have been approved by the Board Secretary Maroulla Gleaton, M.D.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
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Anne Hall, P.A.-C	Alan Harmatz, M.D.	Lewiston
Emily Hinman, P.A.-C	John Chance, M.D.	Portland
Matthew Johnson, P.A.-C	Lee Thibodeau, M.D.	Portland
Melinda Schimmack, P.A.-C	Jamie Loggins, M.D.	Lewiston
Lena Witham, P.A.-C	John Klemperer, M.D.	Bangor

Dr. Jones moved to ratify Dr. Gleaton's action in granting new schedule II privileges the physician assistants listed on List A (2) above. Dr. Andrews seconded the motion, which passed unanimously.

XIII. Standing Committee Reports

A. Special Projects Committee (FYI)

B. Legislative Report


The Executive Director met on Monday with Commissioner Head and representatives of the DownEast Association of Physician Assistants as they presented to the Commissioner their legislative agenda for this session. Materials were received last Saturday afternoon, too late to be added to the agenda for this meeting. The materials will be presented in February. In short, they are asking the legislature to: 1) seat a PA on the medical and osteopathic boards; 2) require a single joint Rule regarding PA regulation by the two boards; and 3) authority to delegate medical acts to other staff. It was also reported that the Maine Medical Association has at least three legislative items it plans to introduce, none of which have yet been provided to the Board or staff for review. The Board's legislative committee will be convened to review materials when they are available and recommend Board action as appropriate in the future.

XIV. FYI

XV. Other Business -- MMA Chronic Pain Project Monthly Report (FYI)

XVI. Adjournment 3:30 p.m.

Respectfully submitted,



Jean M. Greenwood
Administrative Assistant
Board Coordinator

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)	CONSENT AGREEMENT
Application of)	FOR CONDITIONAL LICENSURE
Alexandra M. Craig, M.D.)	

This document is a Consent Agreement, effective when signed by all parties, that grants Alexandra M. Craig, M.D. a conditional active license to practice medicine in the State of Maine. The parties to the Consent Agreement are: Alexandra M. Craig, M.D. ("Dr. Craig"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 3282-A.

STATEMENT OF FACTS

1. Dr. Craig has held an active license to practice medicine in the State of Maine from March 2, 2005 until June 30, 2010. Dr. Craig specializes in Internal Medicine.
2. In July 2009, Dr. Craig was diagnosed with a meningioma, for which she underwent surgery on August 3, 2009. At that time, Dr. Craig did well post-operatively but was left with some deficits in attention and memory that resulted in the recommendation that she not return to active medical practice for at least 6 to 18 months, depending upon her rehabilitation.
3. On May 19, 2010, Dr. Craig applied for re-licensure, requesting that the Board issue her an active license to practice medicine. On her application for re-licensure, Dr. Craig disclosed the diagnosis of and surgical

treatment for meningioma, including its effect on her attention and concentration.

4. On July 13, 2010, the Board reviewed Dr. Craig's application for re-licensure, including information submitted by her primary care provider, and voted to grant her an "inactive" medical license. On August 18, 2010, the Board received a letter from Dr. Craig dated August 14, 2010, acknowledging and agreeing with the Board's decision to issue her an inactive medical license. In addition, Dr. Craig expressed her hope of returning to the active practice of medicine and the full reinstatement of her medical license.

5. In October 2011, Dr. Craig contacted the Board staff for information about converting her inactive medical license to an active medical license. At that time, the Board staff suggested that she complete a physician re-entry program and/or take the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards (FSMB). The purpose of the SPEX program is to provide state medical boards with a cognitive examination to assist them in their assessment of a physician's current general medical knowledge and clinical competence.

6. On November 8, 2011, the Board reviewed Dr. Craig's request for information about converting her inactive medical license to an active medical license. Following its review, the Board voted to require that Dr. Craig take the SPEX in order to assist it in assessing her current medical knowledge and functioning.

7. On June 29, 2012, Dr. Craig filed an application to renew her medical license in inactive status pending taking the SPEX.

8. On July 5, 2012, Dr. Craig took and passed the SPEX, scoring an 84.¹ Following the passage of the SPEX, Dr. Craig requested that the Board convert her inactive medical license to an active medical license. In support of this request, Dr. Craig submitted a letter of support from her primary care physician who indicated that Dr. Craig had self-reported improvements in her functioning.

9. On September 11, 2012, the Board reviewed Dr. Craig's request to convert her inactive medical license to an active medical license. During its review, the Board noted that Dr. Craig's primary care physician and Dr. Craig recognized that Dr. Craig should return to active medical practice under supervision in a structured medical environment for a period of time. Following its review of this information, the Board voted to grant Dr. Craig's request to convert her inactive medical license to an active medical license pursuant to this Consent Agreement for Conditional Licensure.

10. Absent Dr. Craig's acceptance of the terms and conditions of this Consent Agreement by signing it and dating it, having it notarized, and returning it to Maureen Lathrop, Investigative Secretary, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137, the Board shall not grant her an active license to practice medicine in the State of Maine.

¹ A minimum score of 75 is required for passage of the SPEX.

COVENANTS

11. Dr. Craig agree with the Board that, at present, her resumption of the active practice of medicine without supervision may pose a risk that constitutes grounds for modification or condition of her Maine active medical license pursuant to 32 M.R.S.A. § 3282-A.

12. In light of Dr. Craig's concession in paragraph 11 above and the strides that Dr. Craig has made in her recovery as evidenced by her passage of the SPEX, the Board agrees to issue, and Dr. Craig agrees to accept, a conditional active license to practice medicine in this State following the execution² of this Consent Agreement. Dr. Craig's conditional medical license shall be subject to the following conditions:

- a. Dr. Craig shall limit her practice of medicine to a closely supervised ambulatory practice location approved by the Board;
- b. Dr. Craig shall practice medicine only at the Board-approved location, and under the supervision of a physician approved by the Board for that purpose. Dr. Craig shall ensure that her Board-approved physician supervisor is aware of and ensures that Dr. Craig complies with the following limitations within that practice:
 - (i) Dr. Craig shall have no "on-call" responsibilities;
 - (ii) Dr. Craig shall work no more than thirty (30) hours per week;

² For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed to this Consent Agreement.

(iii) Dr. Craig shall see a limited number of patients per day, which number shall be monitored and regulated by her supervising physician;

(iv) Dr. Craig and her supervising physician shall engage in a case discussion regarding each patient on the date on which the patient is seen by Dr. Craig;

(v) Dr. Craig and her supervising physician shall engage in a review of 25% of Dr. Craig's patient medical records within ten (10) days following the patients' appointment with Dr. Craig;

(vi) Dr. Craig shall ensure that her supervising physician develops and implements protocols for the medical practice that assist Dr. Craig with clinical practice updates (*i.e.* recently developed medical tests) and potential drug interactions (*i.e.* pharmacological agents);

(vii) Dr. Craig shall ensure that she regularly communicates with her supervising physician; and

(viii) Dr. Craig shall ensure that her supervising physician provides the Board with monthly reports concerning her compliance with the terms and conditions of this Consent Agreement as well as Dr. Craig's medical practice.

c. Dr. Craig and her supervising physician shall permit the Board or its agent(s) to inspect the medical practice at random intervals as determined by the Board or its designee to ensure her compliance with the

terms and conditions of this Consent Agreement. Such inspection shall include access to all areas and records of the medical practice pertaining to Dr. Craig;

d. Dr. Craig agrees and understands that during the time that this Consent Agreement is in effect the Board and the Office of Attorney General shall have complete access to her present and future personal medical and counseling records, and shall execute any and all releases so that the Board and the Office of the Attorney General may access and/or obtain copies of her medical and/or counseling and treatment records;

e. Dr. Craig understands and agrees that her Board-approved supervising physician is an agent of the Board and shall immediately report to the Board:

- (i) any violation by Dr. Craig of any of the terms or conditions of this Consent Agreement; or
- (ii) any change in status regarding his/her willingness to serve as Dr. Craig's supervising physician; or
- (iii) any negative change in Dr. Craig's cognitive or medical abilities; or
- (iv) any negative change in Dr. Craig's employment status with the medical practice.

f. Upon any report to the Board by Dr. Craig's supervising physician pursuant to paragraph 12(e) above, the Board has the authority to

convert, without hearing, Dr. Craig's conditional active medical license to "Inactive Status."

13. Dr. Craig has been represented by Mark W. Lawrence, Esq., who participated in the negotiation of the terms of this Consent Agreement.

14. Dr. Craig waives her right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement.

15. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

16. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Craig or any other matter relating to this Consent Agreement.

17. This Consent Agreement is a public record within the meaning of 1 M.R.S.A. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S.A. § 408.

18. The Board does not intend this Consent Agreement to constitute discipline of any kind against Dr. Craig's Maine medical license. The sole intent of this Consent Agreement is to ensure that Dr. Craig is able to safely return to the active practice of medicine. The Board recognizes that this Consent Agreement constitutes an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Healthcare Integrity and Protection Data Bank (HIPDB) and the Federation of State Medical Boards (FSMB).

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. The term of this Consent Agreement is indefinite from the date of execution, and remains in full force and effect so long as Dr. Craig is licensed with the Board, complies with the terms and conditions of this Consent Agreement, and does not otherwise pose a risk to the public. Dr. Craig may request amendments or changes to this agreement by submitting such requests in writing to the Board which may decide the matter without a hearing. At the end of three (3) months following Dr. Craig's active practice of medicine under supervision, the Board shall re-evaluate the appropriateness of, the necessity for, and the terms and conditions of, this Consent Agreement, and may make any modification(s) to it that it deems necessary and appropriate including but not limited to terminating the Consent Agreement.

I, ALEXANDRA M. CRAIG, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 1/2/13

Alexandra M. Craig MD
ALEXANDRA M. CRAIG, M.D.

STATE OF Maine
York, S.S.

Personally appeared before me the above-named Alexandra M. Craig, M.D., and swore to the truth of the foregoing based upon her own personal knowledge, or upon information and belief, and so far as upon information and belief, she believes it to be true.

DATED:

1/2/13

NOTARY PUBLIC/ATTORNEY # 7079

MY COMMISSION ENDS: Permanent Attorney

DATED:

ATTORNEY FOR DR. CRAIG

MARK W. LAWRENCE, ESQ.

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED:

1/8/13

GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED:

1/8/13

DENNIS E. SMITH
Assistant Attorney General

Effective Date:

1/8/13